

# Fotocare Ltd.

43 West 22<sup>nd</sup> St.  
New York, NY 10010  
212-741-2991  
646-336-5549 Fax

## CREDIT CARD AUTHORIZATION

Date \_\_\_\_\_ I, \_\_\_\_\_, hereby authorize Fotocare Ltd. to utilize the below referenced credit card to satisfy rental security and/or payment for rental or sale. (ALL INFORMATION REQUIRED!)

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

V-Code # \_\_\_\_\_ CID # \_\_\_\_\_

(**Visa/Mastercard**-last 3 #'s on signature strip) (**AMEX** -- 4 digit # on front above card number)

Exact Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Exact Card Billing Address/Zip \_\_\_\_\_

Phone number at the card billing address \_\_\_\_\_

***NOTE! If you wish to limit the use of the above authorization to a specific person or to an expected time period, please complete the following:***

The person stated below is hereby **authorized to bind**, with his/her signature, the above referenced credit card **on behalf of the cardholder** in order to satisfy payment and/or rental security to Fotocare Ltd. for the expected time period \_\_\_\_\_.

Print name of authorized person **who will be present** at time of pickup to sign for credit card purchase on your behalf: \_\_\_\_\_

Signature of person you authorize: \_\_\_\_\_

Their Driver's License # \_\_\_\_\_ DL State \_\_\_\_\_  
(ID will be required at pickup)

After completing this document, please forward via FAX to Fotocare.  
Thank you!